

# Southern Indiana Pediatrics Employment Application

Name \_\_\_\_\_  
Last First Middle Nickname

Address \_\_\_\_\_  
Number Street City State/Zip Code

Social Security Number \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

Telephone number (home) \_\_\_\_\_ Other \_\_\_\_\_

E-mail address: \_\_\_\_\_

Type of position interested in:  
 \_\_\_\_\_ Clerical/Receptionist \_\_\_\_\_ RN \_\_\_\_\_ LPN \_\_\_\_\_ Other(specify) \_\_\_\_\_

Shifts available to work: \_\_\_\_\_ Type of Employment: \_\_\_\_\_  
Days Evenings Any Full time Part time Any

Available to work weekends? \_\_\_\_\_yes \_\_\_\_\_no

Date available to begin work \_\_\_\_\_

Skills or qualifications related to job for which you are applying \_\_\_\_\_

How were you referred here? \_\_\_\_\_

Names of relative/friends employed here and relationship \_\_\_\_\_

Are you a US Citizen? \_\_\_\_\_yes \_\_\_\_\_no  
 If no, list the type of visa you possess and expiration date \_\_\_\_\_

Have you ever been employed by one of our physicians? \_\_\_\_\_yes \_\_\_\_\_no  
 If yes, list who and when \_\_\_\_\_

Have you ever been convicted of a felony, convicted of or pleaded guilty to the commission of or attempted commission of any theft, battery, sexual offense, illegal use or possession of narcotic drugs or other controlled substance? \_\_\_\_\_yes \_\_\_\_\_no  
 If yes, give dates and explanation \_\_\_\_\_

If applying for nursing or other technical position, provide licensure information:  
 Type of license \_\_\_\_\_ State of Issue \_\_\_\_\_ License number \_\_\_\_\_ Exp. date \_\_\_\_\_

**Education**

Circle highest grade completed: Grade school 1 2 3 4 5 6 7 8 High school 9 10 11 12  
 College 1 2 3 4 Graduate school 1 2 3 4

Name and address of schools attended:  
 College \_\_\_\_\_  
Dates attended \_\_\_\_\_ Course of Study \_\_\_\_\_ Degree \_\_\_\_\_

Technical School \_\_\_\_\_  
Dates attended \_\_\_\_\_ Course of Study \_\_\_\_\_ Degree \_\_\_\_\_

Other \_\_\_\_\_  
Dates attended \_\_\_\_\_ Course of Study \_\_\_\_\_ Degree \_\_\_\_\_

**Professional References**

Contact name \_\_\_\_\_ Company \_\_\_\_\_ Phone \_\_\_\_\_  
 Contact name \_\_\_\_\_ Company \_\_\_\_\_ Phone \_\_\_\_\_  
 Contact name \_\_\_\_\_ Company \_\_\_\_\_ Phone \_\_\_\_\_

**Employment History**

Please list information on your last 10 years of employment or military duty, beginning with most recent:

1)Your most recent employer:

Company \_\_\_\_\_  
Company address \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor name \_\_\_\_\_  
Your position and duties \_\_\_\_\_  
Dates employed \_\_\_\_\_ Salary \_\_\_\_\_  
Are you still employed?  yes  no  
If no, why did you leave? \_\_\_\_\_  
If yes, may we contact your supervisor?  yes  no

2)Company name \_\_\_\_\_  
Company address \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor name \_\_\_\_\_  
Your position and duties \_\_\_\_\_  
Dates employed \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

3)Company name \_\_\_\_\_  
Company address \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor name \_\_\_\_\_  
Your position and duties \_\_\_\_\_  
Dates employed \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

4)Company name \_\_\_\_\_  
Company address \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor name \_\_\_\_\_  
Your position and duties \_\_\_\_\_  
Dates employed \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

I understand that any misrepresentation or willful omission of facts will constitute sufficient reason for the rejection of my application or for immediate discharge. I authorize Southern Indiana Pediatrics to investigate all information and release all persons, corporation, or other institutions from all liability and responsibility for furnishing additional information or confirming the dates given in my application. There are not contracts of employment, written or implied, and I may be terminated at the will of my employer. I further agree, if employed, to abide by the policies of Southern Indiana Pediatrics and upon my termination to return any property issued to me or allow the value of the same to be deducted from my wages. I understand that the employer reserves the right to do a criminal history check or drug screen at the time of application or any time during my employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Southern Indiana Pediatrics believes that all applicants are entitled to equal employment opportunities and does not discriminate against employees or applicants because of race, creed, color, national origin, age, handicap, sexual orientation, veteran status, or sex. Southern Indiana Pediatrics seeks to employ individuals who best meet the requirements established for the position and who are best qualified to meet the needs of our patients.